



Daily Traffic Item Ticket

Date:

Day: ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

Contract No.:

Project Name:

Contractor:

Subcontractor:

Operation of Portable Changeable Message Sign - Item No.

Arrow Board	Hours	Location	Group
Total		Total to Date —	

Traffic Control Labor - Item No.

Laborer Name	Hours	Location	Group
Total		Total to Date —	

Traffic Control Vehicle - Item No.

Vehicle	Days	Location	Group
Total		Total to Date —	

Traffic Control Supervisor - Item No.

Supervisor's Name	Hours	Location	Group
Total		Total to Date —	

WSDOT Inspector _____

Contractor _____